



Contractor Registration Consultants and General



PFD-01-Version-1.0-20/06/2019

1. Contractor Details

Trading Name	
Registered Name (if different from Trading Name)	
Company Email Address	
Company primary activities	

1a. Address

	Postcode	
	Phone No.	

1b. Contractor Representative

Name	
Position Title	
Mobile & Landline Numbers	
Email	

2. Flinders University Contact Information (details of person requesting you register)

Name	
Position Title	
Section/ College/ Portfolio	
Phone No.	
Email	

3. Required Information

(electronic copies of original documents must be provided)

3a. Workers Compensation (where self employed insurance details must be provided)

ReturnToWorkSA Registration No. (or interstate equivalent)	
Expiry Date	

3b. Public Liability Insurance (Minimum \$20,000,000)

Insurer	
Value of Cover	
Expiry Date	

3c. Professional Indemnity Insurance

Insurer	
Value of Cover	
Expiry Date	

4. Evidence of Competence to Undertake Work

(electronic copies of original documents must be provided)

Licences required by Legislation	
Accreditation(s)	
Other	

On completion of all sections submit electronically together with all required documentation/images by clicking on submit button:

5. Approval

(for Flinders University use only)

Recommend for approval

Name:

Approved by;

(Director PFD or Delegate)

Name

Signature

Date

6. Documentation processed

(for Flinders University use only)

Contractor information verified &
recorded

Name:

Reference No.

#

Confirmation of registration email sent
to applicant

Date